DOCUMENT RESUME

ED 033 410 CG 004 517

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TITLE Positive Reaction to Group Therapy as A Reflection of Behavior During Group Meetings.
INSTITUTION Veterans Administration Hospital, Canandaigua, N.Y.
Pub Date [69]
Note 17p.

EDRS Price EDRS Price MF-$0.25 HC-$0.95
Descriptors Group Behavior, Group Dynamics, Group Membership, *Group Therapy, *Individual Characteristics, *Participant Characteristics, *Participant Involvement, Participation, *Relationship

Abstract

Nursing staff members (34) who participated in a 15-week group therapy course as a form of training for more personal effectiveness were observed during the meetings in order to verify assumed relationships between behavior in the group and member reactions to the group sessions afterwards. Five of the ten hypotheses were clearly, and three partially supported by statistical criteria. Accordingly, the patron who reports a positive reaction and personal gain, talks more frequently, starts more new topics, goes less often out of the field, brings up more personal feelings, and accepts others when they differ with him. Implications are discussed for giving group therapists valuable clues to spot the critic and concentrate on him before he leaves prematurely. (Author)

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Positive Reaction to Group Therapy as a Reflection of Behavior During Group Meetings

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Few, if any, of the studies on group interaction and role behavior in group therapy have tied up with outcome. In fact only one study in a recent review (Pattison, 1965) reports that amount of verbal communication among adult offenders on parole is not related to attitude changes toward authority figures and toward "social conformity" (Bassin & Smith, 1962). Studies of task groups which investigated relationships between role or interaction behavior and attraction to the group have provided valuable clues for the group leader who wants to achieve an effective group. In contrast, similar investigations in therapy groups have not yet been reported, so that the therapist is left to his own devices if he wants to spot behavior which might be indicative of dissatisfaction with the group process and with group products before it may be too late.

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For these reasons the present study directed itself to a test of several hypotheses designed to predict behavior in group therapy from the knowledge of positive or negative reactions of group members and of their perception of personal gain. In this study reactions to the experience of group therapy were confined to one dimension, namely the degree of personal satisfaction. On one extreme of this

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dimension, reactions are very favorable and the member reports satisfaction with the sessions and with his personal involvement in them. He readily volunteers that he has gained new knowledge about himself and about other people. For brevity's sake he is henceforth known as the "patron." The "critic," on the other hand, occupies the opposite extreme of this dimension. He feels negative and even antagonistic toward the experience. He has gained nothing for himself and characterizes the sessions as a waste of time.

Sixteen hypotheses were set up, but only 10 could be tested because there was not sufficient individual variation in the relevant behavior content categories for 6 of the hypotheses. More specifically, less than half of the subjects were rated to have engaged in behavior appropriate to the content categories for the 6 hypotheses over the series of group meetings. For the sake of brevity, the 6 untestable assumptions are not listed here.

The hypotheses were derived from a study by Gruen (1966) in which it was shown that patrons are significantly more often able to invest their feelings into interpersonal relationships and could accept and express angry feelings when provoked. It showed a near significant trend ($P = .06$) of distinguishing between a variety of authority roles according to leadership function.

The following 10 hypotheses could be tested by sufficient individual variation among the data:

1. Patrons are apt to talk more in the meetings because they are more personally and emotionally involved. They would therefore feel greater inclination to offer their experiences and their feelings and to explore those of others.
2. Patrons will stay more with a topic by adding on and considering it further. They are less likely to leave a topic under active discussion because they are interested and because they are not threatened by careful examination of the emotional nuances.
3. The patron starts new topics more often after the old one has been exhausted or terminated or has lost the interest of the majority. Again his greater positive involvement in the group makes him more motivated and causes him less fear when he offers new topics for general discussion.
4. Critics are apt to go more out of the field in the sense of removing themselves from the group concern by whispering, giggling, or laughing to themselves or to one other person, falling asleep, etc. Again this hypothesis evolves from the finding that the critic allows himself to be less involved as he perceives the group process as not being personally relevant.
5. Patrons bring up more personal feelings about topics by offering their own emotional reactions. Again involvement is one reason for this assumption. However, the patron

is usually more able and willing to invest emotional feelings into interpersonal relationships and will do so in the group setting as well. The critic is more emotionally encapsulated and holds back because he is more comfortable or less threatened when he can keep himself emotionally aloof or neutral.

6. The patron engages in more co-therapist behavior, insofar as he draws others out, helps them to express feelings, interprets for the group, shares his insights, or summarizes a group concern. He thereby focuses his attention more on others and their concerns. The critic, on the other hand, is more preoccupied with himself. This assumption rests on two reasons; namely, on the patron's growing interest and therefore his acceptance of the proper behavior as illustrated by the therapist; and on the patron's ability to invest his feelings into other people through empathy.

7. The patron should occupy the positive roles in group discussion; such as accepting and praising others, agreeing with them openly when he does so, and offering solutions to problems. The critic on the other hand is more often seen in the role of the detractor and the belittler, who verbalizes disagreement

more often, criticizes, and shows a negativistic attitude. He not only does so because he feels negatively toward the sessions, but he must do so more often as a defense against getting involved and against having his preferred aloofness threatened by the developing group norms. The patron's greater involvement potential unfolds under the group ground rules and he is willing to enter into the spirit by supporting others.

8. The patron is more willing to accept others on their own terms, even if they differ with him. He will express his willingness to tolerate disagreement without threat or hostility. The critic, on the other hand, is a more constricted person who must have a social environment in harmony with his own opinions or withdraw from it.

9. Patrons will admit more personal problems around areas of concern to the group. He feels more free to give of himself and to throw such concerns into the ring, in the hope of gaining greater understanding. Also he is more willing to share and his greater willingness to experience and invest his emotions will make it easier to offer more personal concerns without the fear of retaliation.

10. The critic shows more confusion about the group goals, about the ground rules of the therapy group, and about his own involvement. His encapsulation prevents him from making sense out of the unstructured, permissive atmosphere in which he is asked to take responsibility despite the presence of an expert authority as leader. He therefore asks more frequent questions about procedure and about the purposes of the groups.

Method

The 34 subjects for this study were all nurses and nursing assistants in a neuropsychiatric hospital who had volunteered to take a 15-week course in the exploration of their feelings and reactions connected primarily with work areas. The courses had been offered as a form of group therapy in which two objectives were to be achieved: 1. to gain a greater understanding of the emotional and sometimes irrational overtones connected with reactions and experiences at work. In this way they could function more effectively in their professional roles and as individuals and 2. to gain understanding into the emotional undercurrent of group processes and their own role in it, so that they might be more effective in their own professional teams and in maintaining groups among the patients.

Each of the four groups met once a week for one and a half hours. The meetings were structured like group therapy in the opening minutes

of the first meeting. The leader again explained the goals of the group and pointed out what each person might gain from them. He then remained relatively in the background while the members took responsibility for the content and course of the discussion. He would clarify and interpret group themes and individual feelings whenever appropriate and would concentrate at times on transference feelings and their significance according to a group-psychoanalytic orientation. The leader was in all four cases the author of this paper.

Since a claim is made that the findings might be generalizable to group therapy in general, it should also be borne in mind that these groups were of limited duration and were not composed of patients who sought therapy as a way of getting help with personal problems. These people were adequately functioning adults, who volunteered partly out of curiosity, partly out of a need to get further help with recurrent problems connected with their work. However, they came with similar expectations of change for the better as do patients. This expectation was reinforced by the stated objective of the group leader, who also mentioned that research aspects were involved to make these groups even more effective.

All group members were interviewed extensively 3-6 months after termination regarding their reactions to the sessions. The interviewers were carefully trained in the open ended, yet focussed interview schedule. One nurse refused to be interviewed by anyone but the group leader, but her reactions can be reliably included since she had a candidly negative reaction, yet was friendly to the leader. One other nurse refused to be

interviewed, but indicated informally that her extreme negative reactions were responsible for her decision. Therefore she could be classified accurately onthe reaction scale. A third nurse had left the hospital and could not be reached, but reliable information from her at the end of the sessions and from others gave ample evidence of a very negative and classifiable reaction.

All the post-group interviews were blindly rated on a 3 point scale ranging from an enthusiastic reaction without major qualifications (patrons) to a middle rating of neutral or ambivalent reaction, to another extreme of unqualifiedly negative reactions (critics). Inter-judge reliability was 90 per cent. Fourteen subjects received the first rating, and 10 a middle, and 10 a third or negative rating. This rating constitutes a phenomenological or self-report indicator of outcome and represents the independent variable in the study. No claim is made that the patrons were "really helped," or that the critics did not actually receive any benefit despite their assertions to the contrary.

The dependent variables for the 10 hypotheses constituted some of the behavior of the members in the group sessions. They were derived from near-verbatim records of the discussion itself. Observers were carefully trained to record as much as possible the sequence and content of the verbalizations. They were to record each new contribution or thought as verbatim as possible with regard to its main content together with the name of the speaker. They could then paraphrase elaborations on the main theme. Emotional overtones, such as laughter, emphasis,

anger, or hesitation were added whenever they occurred. If several members talked together or in rapid succession, the observer noted the names of the participants and paraphrased the shared topic. Silences and going out of the field behavior was also noted. Each session occupied an average of 10 single-spaced typewritten pages of transcript containing an average of 245 scorable units of behavior.

One or several content areas were set up for each hypothesis and carefully defined. The scoring systems and content categories from all studies of group interaction prior to 1965 were reviewed for this purpose. Fourteen studies with detailed category systems were consulted in order to make the definitions for the specific hypotheses of this study as clear as possible. Since the categories used here are mostly derivations and modifications from previously reported categories, the 14 studies are not described or listed here for the sake of brevity. For the same reason the detailed definitions, inclusions, and exclusions for each behavior category are not listed further, since they were defined in general terms with each of the hypotheses listed above.

Another psychologist rated each unit of thought in the transcripts on all sessions and entered the appropriate tallies for each member in the appropriate category. The rater was neither familiar with the group members, nor with the hypotheses of the study. For 10 of the 60 group sessions another judge obtained 65 to 95 per cent agreement on the various categories. Each thought unit obtained at least two category tallies. It was first rated with regard to continuity, or whether the member stayed

with the topic, or started a new topic after closure, or started a new topic in the middle of an ongoing one or went out of the field. A second tally or series of tallies was assigned to a number of emotional content categories where appropriate; for instance, tallies were entered if the thought unit was either neutral in character or contained revelation of personal feelings, or was accepting of others, or was positive or negatively oriented toward others in the group, or was an example of co-therapist behavior, or betrayed confusion about group goals, or revealed a personal problem of the speaker. Six additional content categories were also rated to test six additional hypotheses. As mentioned above there was too little variability among members in these categories to allow further processing of data.

It may become apparent that a certain loss of information occurred in the data collection process. The group discussion was not completely verbatim. Gestures, voice inflection, and facial expressions were not available, and there was some subjectivity in scoring only major thought units, rather than each sentence. Provisions for these omissions would have made the study infinitely more costly and time consuming than it already was. It is argued that the hypotheses, if true, should still emerge from the present data, even if the three sources of error might dilute the relationship between dependent and independent variables. The risk of obliterating true hypotheses due to the greater unreliability of the data seemed minimal.

Each group member received a total sum of tallies for each of their behavior categories used to test the 10 hypotheses. These sums were further prorated for 15 full sessions, if a member was absent one or more times. The resultant sums in each behavior category, except total responses, were then expressed as a percentage of that member's total thought units over the 15 sessions (prorated) because a few of the sums in the behavior categories correlated significantly with total number of contributions. In this way the number of tallies accumulated in a behavior category was not contaminated by the total activity of the group member.

Each hypothesis was tested by listing the per cent contribution in the appropriate behavior category--first for patrons, then for neutral reactions, and lastly for critics. The Kruskal-Wallis one-way analysis of variance was then computed for each of these threefold tables, and corrected for tied observations (Siegel, 1956). The resultant coefficient of significance are expressed as one-tailed choices.

Results

Hypothesis 1.	Patrons talk more.	P = .01
Hypothesis 2.	Patrons stay more with topics.	P = <.01
Hypothesis 3.	Patrons start more topics. Trend, but not statistically significant.	
Hypothesis 4.	Patrons go less out of the field.	P = .01
Hypothesis 5.	Patrons bring up more feelings.	P = .01

Hypothesis 6. Patrons engage in more co-therapist behavior. Trend, but not statistically significant.

Hypothesis 7. Patrons play more positive, reinforcing roles.
Critics play negativistic roles, trend but not statistically significant.

Hypothesis 8. Patrons accept differences of others. P = <.01

Hypothesis 9. Patrons admit more problems. No direct evidence, but a combination of categories which include "pressing for a solution," "admitting anxiety about the lack of group resolution," "asking questions about where the group is going" shows a nonsignificant trend in the expected direction.

Hypothesis 10. Critics are more confused about group goals. No evidence.

An additional corroboration for some of these hypotheses comes from three significant correlations obtained when the per cent sum of tallies in 12 behavior categories were correlated with scores from the American Core Culture scale, available for 31 group members. This scale of 40 questionnaire items was developed by Gruen (1966) to measure 17 traditional middle-class values centered around upward mobility, conformity, impulse

inhibition, and preference for external characteristics in dealing with others. Correlations of -.38, -.39, and -.76 were obtained between the scale (acceptance of core culture) and showing co-therapist behavior, admitting personal problems, and bringing up feelings in the group sessions. Two-tailed significance tests assign P values of .03, .03, and less than .01 to these three correlations respectively. Three significant correlations out of 12 are beyond chance expectations. Also the three behavior categories are related because all three imply expressions of feeling and emotional involvement. Hence the person who prefers to increase status and suppress feelings and individuality as expressed by the core culture scale will actually show less behavior in group discussion which is relevant to these preferences. However the relationship between core culture scores and positive versus negative reactions to the group sessions is not statistically significant, although in the expected negative direction.

Discussion

Out of 10 testable hypotheses linking subjective reaction to therapy oriented discussion groups with behavior in these sessions, 5 are clearly supported and 3 reveal a trend in the expected direction. We can therefore conclude that the patron is characterized by certain behavior in the group meetings, which distinguishes him/from the critic. He is first of all much more active by contributing more verbalizations, he is more involved in the topics by adding to them, and he is less apt to feel the need to leave the group psychologically. His

contributions are characterized by revealing more of his personal feelings and he is apt to accept others, even if they react or feel differently from him. There is also an indication that he may play more positive supporting roles, and specifically to engage in more therapist-like behavior. He also may be more of a topic starter where their is closure in the group. Contrary to expectations, there is no evidence that the patron admits more personal problems in the discussion or that he is less confused about group goals.

If these findings can be repeated in a variety of therapy groups, perhaps with different leaders and in groups composed of actual patients, we may be able to understand more of the interaction process by knowing how reaction to one's participation colors the amount and quality of one's contributions in the group. Of course it is also possible that certain amount and quality of participation may lead a member to evaluate the experience accordingly, since in this study the reactions to the group were assessed after the experience had taken place. It seems more likely however that underlying characteristics of the person color both his behavior in the group and his subsequent evaluation of it.

An even greater benefactor might be the group therapist himself. Often he is not sure who is taking well to the group atmosphere as structured by him until it is too late. When the critic finally leaves, especially in a group of undefined duration, he can no longer be reached. Perhaps with foreknowledge of his eventual feelings, he may be singled out for scrutiny and perhaps resolution of his increasingly negative feelings until he may experience a change of heart. If the therapist

can be alerted to the possible critic by paying attenting to the five behavior characteristics that distinguish him, he can perhaps concentrate differently on such a patient and allow the rest of the group to communicate the reasons for their more positive reactions.

A further implication of the research findings and the research strategy comes from the proven usefulness of the behavior categories as predictors of other, less visible feelings. Replication and proliferation of the hypotheses can be undertaken much more economically in the future. Observers can be trained in the meaning of the behavior categories, so that they can directly tally either during the sessions themselves or from tape recordings. The time consuming process of committing the discourse on paper and rating the transcript can be eliminated. In this way sufficient data can perhaps be collected for the six untested hypotheses which here did not produce sufficient data in the appropriate categories--perhaps because of the shortcut made by using transcripts devoid of complete verbatim and emotional content.

Summary

Thirty-four nursing staff members who participated in a 15 week group therapy course as a form of training for more personal effectiveness were observed during the meetings in order to verify assumed relationships between behavior in the group and member reactions to the group sessions afterwards. Five of 10 hypotheses were clearly and 3 partially supported by statistical criteria. Accordingly the patron who reports a positive reaction and personal gain, talks more frequently, starts more new topics,

goes less often out of the field, brings up more personal feelings, and accepts others when they differ with him. Implications are discussed for giving group therapists valuable clues to spot the critic and concentrate on him before he leaves prematurely.

Bibliography

Bassin, A. and Smith, A. B. Verbal participation and improvement in group therapy. Int. J. Group Psychother., 1962, 12, 369-373.

Gruen, W. Emotional encapsulation as a predictor of outcome in therapeutic discussion groups. Int. J. Group Psychother., 1966, 16,

Gruen, W. The composition and some correlates of the American core culture. Psychol. Rep., 1966, 18, 483-486.

Pattison, E. M. Evaluation studies in group psychotherapy. Int. J. Group Psychother., 1965, 15, 382-397.

Siegel, S. Nonparametric statistics for the behavioral sciences. New York: McGraw-Hill, 1956.